

OCS STUDENT DATA INFORMATION SHEET

(PRINT ALL INFORMATION CLEARLY)

Administrative Information

SSN: _____ NAME (LAST, FIRST, MI): _____
PEBD: _____ DEPENDANTS: Y N SEX: M F RANK: _____ AGE: _____ DOB: _____
(CIRCLE ONE) (CIRCLE ONE)
MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ WORK: _____ EXT: _____
E-MAIL (PRIMARY): _____ EMAIL (ALTERNATE): _____
PMOS: _____ ETS DATE: _____ RELIGIOUS PREFERENCE: _____
MILITARY STATUS?: M-DAY AGR ADSW TECH DID YOU ATTEND OCS WORKSHOP: Y N
(CIRCLE ONE) (CIRCLE ONE)

Emergency Contact Information

NAME: _____ RELATIONSHIP: _____
HOME PHONE: _____ CELL PHONE: _____ WORK: _____ EXT: _____

Medical Information

PRIOR HEAT INJURY?: Y N YEAR: _____ PRIOR COLD INJURY?: Y N YEAR: _____
(CIRCLE ONE) (CIRCLE ONE)
BEE STING ALLERGY?: Y N IF YES, DO YOU HAVE A BEE STING ALLERGY KIT?: Y N
(CIRCLE ONE) (CIRCLE ONE)
LIST ANY MEDICAL OR DRUG ALLERGIES: _____
LIST ANY OTHER ALLERGIES: _____
LIST ANY MEDICATIONS YOU ARE TAKING: _____

Unit Information

UNIT: _____ READINESS NCO: _____ RANK: _____
UNIT MAILING ADDRESS: _____ UNIT PHONE: _____
READINESS NCO'S EMAIL: _____

Would your SPOUSE like to attend the FRG (Family Readiness Group)? YES _____ NO _____